Amherst Health Department 70 Boltwood Walk Amherst, MA 01002

[] Name of licensed Medical Waste Hauler.

Establishment Fee: \$200.00 Tattoo Technician Fee: \$200.00 Piercing Technician Fee: \$200.00

Application for Permit to Operate as a Body Art Establishment/Tattoo Technician/Piercing Technician

Date:	DOB
Name:	Tel. #
Address:(#, si	
Business Name:	treet, city/town, state, zip code, P. O. Box) Tel. #
Business Address:	reet, city/town, state, zip code, P. O. Box)
(#, str	reet, city/town, state, zip code, P. O. Box)
All Applicat	nts Must Provide the Following:
 High School Diploma or its equal to a sequence of course completion or Association of Professional I Evidence of current certification Cross, or its equivalent.) Proof of completion of a course Cross, or its equivalent.) A certificate from a physician supplication the applicant has be communicable disease. A certificate from a physician supplication the applicant has be communicable disease. 	ther photographic proof of identity and age. uivalent. in Preventing Disease Transmission (American Red Cross, Body Piercers, or its equivalent.) on (within last 2 years) in First Aid and CPR.(American Red e in Skin Diseases, Disorders and Conditions. (American Red stating that within 30 days prior to a submission of the een examined and found to be free of any contagious or stating that within 30 days prior to a submission of the een tested for tuberculosis with negative results.
Have you ever had a license from a	another state or locality suspended or revoked? Yes \square No \square
[] Proof of Eligibility for member	Applicants Must Also Complete: rship as a Professional Tattooist by the Alliance of e (3) years apprenticeship as a tattooist.
[] Proof of completion of a course equivalent.)[] Proof of eligibility for member Member at Large by the Association	ng in another municipality or state, or one (1) year
	nt Owners Must Provide the Following: n of establishment which includes rest room and sink locations.

I, certify, under the pains and penalties of perjury, t Board of Health is correct. I have received a copy of to abide by all terms and conditions set forth by the	f the Regulations for Body Art. I agree
Signature of Applicant	Date Signed

The following must be posted prominently in the Body Art Facility:

- All Permits to Operate as a Body Art Technician The Body Art Regulations of the Town of Amherst Body Art Procedures and Follow-Up Care Procedures Infection Control Practices